

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation)
Against:)
)
IGHIA AINTABLIAN, M.D.)
Certificate No. A-42047)
)
Respondent.)
_____)

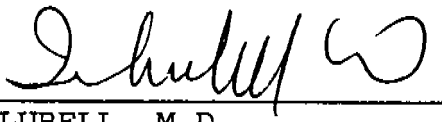
17-93-27089

DECISION

The attached Stipulated Settlement and Decision is hereby adopted by the Division of Medical Quality as its Decision in the above-entitled matter.

This Decision shall become effective on February 13, 1998.

IT IS SO ORDERED January 14, 1998.

By: 
IRA LUBELL, M.D.
Chairperson, Panel A
Division of Medical Quality

1 DANIEL E. LUNGREN, Attorney General
of the State of California
2 GLORIA A. BARRIOS,
Deputy Attorney General
3 California Department of Justice
300 South Spring Street, Suite 5212
4 Los Angeles, California 90013
(213) 897-2534

5 Attorneys for Complainant
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10 BEFORE THE
DIVISION OF MEDICAL QUALITY
11 MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
12 STATE OF CALIFORNIA

13 In the Matter of the) No. 17-93-27089
Accusation against:)
14 IGHIA AINTABLIAN, M.D.) OAH Case No. L-9610252
15) STIPULATED SETTLEMENT AND ORDER
Physician and Surgeon's)
16 Certificate A-42047)
17

18 IT IS HEREBY STIPULATED AND AGREED by and between the
19 parties to the above-entitled proceeding that the following
20 matters are true:

21 1. On or about August 12, 1985, Physician and Surgeon's
22 Certificate No. A-42047 was issued by the Medical Board of
23 California to Ighia Aintablian, M.D. (hereinafter, "respondent"),
24 and at all times relevant hereto, this license has been in full
25 force and effect.

26 2. An Accusation in case number 17-93-27089 was filed with
27 the Division of Medical Quality of the Medical Board of
28 California of the California Department of Consumer Affairs (the

1 "Division") on October 10, 1996, and is currently pending against
2 Respondent.

3 3. The Accusation, together with all statutorily-required
4 documents, was duly served on the respondent on or about October
5 10, 1996, and respondent filed his Notice of Defense contesting
6 the Accusation on or about November, 1996. A copy of Accusation
7 number 17-93-27089 is attached hereto as Exhibit "A" and hereby
8 incorporated by reference as though fully set forth.

9 4. The Complainant, Ron Joseph, is the Executive Director
10 of the Medical Board of California and brought this action solely
11 in his official capacity. The Complainant is represented by the
12 Attorney General of California, Daniel E. Lungren, by and through
13 Deputy Attorney General Gloria A. Barrios.

14 5. The Respondent is represented in this matter by Eric
15 Olson of Baker, Olson, LeCroy & Danielian and by Alexander W.
16 Kirkpatrick of the Law Offices of Alexander W. Kirkpatrick.

17 6. The Respondent has fully reviewed with counsel the
18 charges contained in Accusation number 17-93-27089, and the
19 respondent is fully aware of his legal rights and the effects of
20 this stipulation.

21 7. Respondent understands the nature of the charges
22 alleged in the Accusation and that, if proven at hearing, the
23 charges and allegations would constitute cause for imposing
24 discipline against his Physician's and Surgeon's certificate.
25 Respondent is fully aware of his right to a hearing on the
26 charges contained within the Accusation, his right to confront
27 and cross-examine witnesses against him, his right to the use of
28 subpoenas to compel the attendance of witnesses and the

1 production of documents in both defense and mitigation of the
2 charges, his right to reconsideration, appeal and any and all
3 other rights accorded by the California Administrative Procedure
4 Act and other applicable laws. Respondent knowingly, voluntarily
5 and irrevocably waives and gives up each of these rights.

6 8. For the purpose of resolving the accusation in Case no
7 17-93-27089, without the expense and uncertainty of further
8 proceedings, respondent agrees that, at a hearing, Complainant
9 would put forth evidence to establish a factual basis for the
10 charges in the Accusation that the care and treatment rendered by
11 respondent on November 29, 1990 constituted three simple
12 departures from the standard of care as to patient C.Y. as
13 identified in the Accusation, without patient harm. Respondent
14 hereby gives up his right to contest those charges and agrees
15 that he has thereby subjected his Certificate to disciplinary
16 action for repeated negligent acts in the case of patient C.Y.
17 pursuant to Business and Professions Code section 2234(c). The
18 foregoing stipulation is for the purpose of this proceeding only
19 and for any other proceeding between the parties and any other
20 action taken by and before any governmental body responsible for
21 licensing.

22 9. Respondent agrees to be bound by the Board's Order as
23 set forth below.

24 10. Based on the foregoing admissions and stipulated
25 matters, the parties agree that the Division shall, without
26 further notice or formal proceedings, issue and enter the
27 following order:

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1 imposed, within thirty days thereafter, respondent shall submit
2 to the Division or its designee for its prior approval a plan of
3 practice in which respondent's practice shall be monitored by
4 another physician in respondent's field of practice, who shall
5 provide periodic reports to the Division or its designees. If
6 the monitor resigns or is no longer available, respondent shall,
7 within fifteen days, move to have a new monitor appointed,
8 through nomination by respondent and approval by the Division or
9 its designee.

10 7. Respondent shall not practice in the field of
11 neonatology for one year from the effective date of this
12 decision, nor at any other time when respondent is on probation.
13 Practice in the field of neonatology shall signify rendering non-
14 emergency medical treatment to congenitally ill infants of less
15 than three months of age, and shall not include emergency care
16 that respondent may from time to time be called upon to render on
17 an unplanned basis, and shall not include well baby care.
18 Respondent shall not apply for any hospital privileges in
19 neonatology within one year of the effective date of this
20 Stipulated Settlement, nor during any time that respondent is on
21 probation.

22 8. During such time as respondent is on probation, as
23 herein defined, respondent shall submit quarterly declarations
24 under penalty of perjury on forms provided by the Division,
25 stating whether there has been compliance with all the terms of
26 probation.

27 9. In the event respondent should leave California to
28 reside or to practice outside the State or for any reason should

1 respondent cease practicing medicine in California, respondent
2 shall notify the Division or its designee in writing within ten
3 days of the date of departure or the dates of non-practice within
4 California. Non-practice is defined as any period of time
5 exceeding thirty days in which respondent is not engaged in the
6 practice of medicine in California. Periods of temporary or
7 permanent residence or practice outside California or of non-
8 practice within California as defined herein shall not apply to
9 the reduction of any probationary period.

10 10. Respondent shall obey all federal, state and local law
11 and all rules governing the practice of medicine in California.

12 Further, Respondent is ordered to comply with the following
13 terms and conditions:

14 1. CONTINUING MEDICAL EDUCATION: Annually for the three
15 (3) years following the effective date of this stipulation,
16 respondent shall take an additional twenty (20) hours of
17 Continuing Medical Education courses specific to the field of
18 pediatrics, in addition to meeting his regular continuing
19 education requirements under Business and Professions Code
20 section 2190 and regulations adopted thereunder.

21 2. COST RECOVERY: Respondent shall reimburse the Division
22 the amount of \$2,000.00 (Two Thousand Dollars) for its
23 investigation and prosecution costs, within ninety (90) days of
24 the effective date of this decision. Failure to reimburse the
25 Division's costs of investigation and prosecution shall
26 constitute non-compliance with this agreement.

27 11. COSTS OF PROBATION: During such time as respondent's
28 physician and surgeon's certificate is subject to probation

1 pursuant to the terms of this Stipulated Settlement, respondent
2 shall reimburse the Medical Board of Probation for costs of
3 probation, which are currently set at \$2,304.00 per year, but ma
4 be adjusted on an annual basis. Such costs shall be payable to
5 the Division and delivered to the designated probation
6 surveillance monitor at the beginning of each calendar year.
7 Failure to pay costs of probation within thirty days of the date
8 due shall constitute a violation of probation.

9 CONTINGENCY

10 This stipulation shall be subject to the approval of the
11 Division. Respondent understands and agrees that the Division
12 staff and counsel for Complainant may communicate directly with
13 the Division regarding this stipulation and agreement, without
14 notice to or participation by respondent or his counsel. If the
15 Division fails to adopt this stipulation as its Order, the
16 stipulation shall be of no force or effect, it shall be
17 inadmissible in any legal action between the parties, and the
18 Division shall not be disqualified from further action in this
19 matter by virtue of its consideration of this stipulation.

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DATED: August 22, 1997

We have read the above Stipulated Settlement and Order and approve of it as to form and content. We have fully discussed the terms and conditions and other matters contained therein with respondent Ighia Aintablian, M.D.

DATED: August 22, 1997

ALEXANDER W. KIRKPATRICK
Attorney for Respondent,
IGHIA AINTABLIAN, M.D.

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DATED: August , 1997
December 12

John A. Brown

EXHIBIT A

1 DANIEL E. LUNGREN, Attorney General
of the State of California
2 GLORIA A. BARRIOS,
Deputy Attorney General
3 California Department of Justice
300 South Spring Street, Suite 5212
4 Los Angeles, California 90013-1204
Telephone: (213) 897-2534

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6 Attorneys for Complainant

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8 **BEFORE THE**
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10

11 In the Matter of the Accusation) Case No. 17-93-27089
12 Against:)

13 **IGHIA AINTABLIAN, M.D.,**) **A C C U S A T I O N**
14 1510 South Central Avenue)

15 Suite 450)
16 Glendale, California 91204)

17 Physician and Surgeon's Certificate)
18 No. A42047,)

19 Respondent)

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21 The Complainant alleges:

22 **PARTIES**

23 1. Complainant, Ron Joseph, is the Executive Director
24 of the Medical Board of California (hereinafter the "Board") and
25 brings this accusation solely in his official capacity.

26 2. On or about August 12, 1985, Physician and Surgeon
27 Certificate No. A42047 was issued by the Board to Ighia
Aintablian, M.D., (hereinafter "respondent"), and at all times

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1 relevant to the charges brought herein, this license has been in
2 full force and effect. Unless renewed, it will expire on January
3 31, 1997.

4 JURISDICTION

5 3. This accusation is brought before the Division of
6 Medical Quality of the Medical Board of California Department of
7 Consumer Affairs (hereinafter the "Division"), under the
8 authority of the following sections of the California Business
9 and Professions Code (hereinafter "Code"):

10 A. Section 2227 provides that the Board may revoke,
11 suspend for a period not to exceed one year, or place on
12 probation, the license of any licensee who has been found
13 guilty under the Medical Practice Act.

14 B. Section 2234 provides that unprofessional conduct
15 includes, but is not limited to, the following:

16 "(c) Repeated negligent acts."

17 "(d) Incompetence."

18 "(e) The commission of any act involving dishonesty or
19 corruption which is substantially related to the
20 qualifications, functions or duties of a physician or
21 surgeon."

22 C. Section 2262 provides that altering or modifying
23 the medical record of any person, with fraudulent intent, or
24 creating any false medical record, with fraudulent intent
25 constitutes unprofessional conduct.

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1 D. Section 125.3 provides, in part, that the Board
2 may request the administrative law judge to direct any
3 licentiate found to have committed a violation or violation
4 of the licensing act, to pay the Board a sum not to exceed
5 the reasonable costs of the investigation and enforcement
6 the case.

7 E. Section 16.01 of the 1996/97 Budget Act of the
8 State of California provides, in pertinent part, that:
9 (a) no funds appropriated by this act may be expended to
10 pay any Medi-Cal claim for any service performed by a
11 physician while that physician's license is under
12 suspension or revocation due to a disciplinary action of
13 the Medical Board of California; and (b) no funds
14 appropriated by this act may be expended to pay any Medi-
15 Cal claim for any surgical service or other invasive
16 procedure performed on any Medical-Cal beneficiary by a
17 physician if that physician has been placed on probation du
18 to a disciplinary action of the Medical Board of California
19 related to the performance of that specific service or
20 procedure on any patient, except in any case where the boar
21 makes a determination during its disciplinary process that
22 there exist compelling circumstances that warrant
23 continued Medi-Cal reimbursement during the probationary
24 period.

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1 FIRST CAUSE FOR DISCIPLINE

2 (REPEATED NEGLIGENT ACTS)

3 4. Respondent Ighia Aintablian, M.D., is subject to
4 disciplinary action under section 2234, subdivision (c) of the
5 Code in that respondent was repeatedly negligent in his treatment
6 of patients. The circumstances are as follows:

7 A. Patient R.G.^{1/}

8 1. On or about January 23, 1992, at 2037 hours,
9 patient R.G. was delivered by respondent by Cesarean
10 section. Patient R.G. was limp at birth and meconium
11 stained with a heart rate of 20/ minute. Patient's Apgar
12 scores were 6 at one minute and 7 at 5 minutes.

13 2. On or about January 24, 1992, approximately 24
14 hours after her birth, patient R.G. began having seizures
15 having with leg jerking motions. Respondent was notified.
16 Respondent ordered electrolytes. Respondent ordered an EEG

17 3. On or about January 25, 1992, respondent ordered
18 phenobarbital therapy for seizures. Respondent transferred
19 patient R.G. to a neonatal intensive care unit.

20 4. Respondent altered one or more chart entries
21 without indicating they were late entries.

22 5. Respondent deviated from the standard of care
23 in the care of patient R.G. including but not limited to the
24 following;

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27 1. All references to patient(s) shall be by initial only
The true name(s) of the patient(s) shall be disclosed to the
respondent during discovery.

- 1 a. Failed to intubate and suction meconium from
- 2 the airway of limp, meconium stained patient R.G.
- 3 b. Failed to perform spinal tap and a sepsis
- 4 evaluation and begin antibiotics in response to
- 5 seizures;
- 6 c. Failed to transfer patient R.G. promptly
- 7 to a neonatal intensive care unit; and
- 8 d. Changed medical records.

9 **B. Patient A.L.**

10 1. On or about December 12, 1991, patient A.L., 13

11 days old, was admitted to the emergency room at Glendale

12 Memorial Hospital following an apneic (choking) episode

13 2. Patient A.L. continued to experience apnea spells

14 and became cyanotic several times while in the emergency

15 room. As patient A.L. was respondent's patient, he was

16 called to the hospital. Respondent failed to come.

17 **C. Patient S.S.**

18 1. On or about January 24, 1992, patient S.S., a 2

19 1/2 month old infant went to respondent's medical office

20 suffering respiratory arrest. Respondent failed to

21 stabilize patient S.S.

22 2. Instead, respondent unsuccessfully attempted to

23 have patient S.S. transported to Children's Hospital of Los

24 Angeles. Respondent then called 911 knowing that patient

25 S.S. would be transported to the nearest emergency room

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1 rather than the necessary neonatal intensive care unit.
2 Despite being called to the hospital emergency room,
3 respondent failed to go.

4 D. Patient B.C.

5 1. On or about August 4, 1990, at 2105 hours,
6 respondent delivered patient B.C. after 27 hours of ruptured
7 membranes. Apgars were 8 and 9. Respiratory distress was
8 noted at birth requiring oxygen.

9 2. On or about August 5, 1990, at 0730, respiratory
10 rate was 100 and the oxygen saturation was 88 %. High
11 respiratory rate and decreased oxygenation persisted. Chest
12 x-rays were obtained at 1300 hours, and were consistent
13 with respiratory distress syndrome of prematurity or
14 transient tachypnea of the newborn. Oxygen by hood was
15 started at 1850 hours.

16 3. At 2115 hours, respondent's home was called since
17 his exchange had not responded. Nurses' notes indicate that
18 respondent did not want this infant placed NPO and that he
19 not want an IV, septic work-up or antibiotics. Respondent
20 ordered gavage feeds and CBC.

21 4. On or about August 6, 1990, at 0900 hours, repeat
22 x-rays worsening of patient B.C. consistent with respiratory
23 distress syndrome. Patient B.C. was transported to St.
24 Joseph's Hospital.

25 5. Respondent deviated from the standard of care in
26 the care of patient B.C. including but not limited to the
27 following;

- 1 a. Failed to recognize that sepsis can be
- 2 present with respiratory distress syndrome;
- 3 b. Failed to start an intravenous line, place
- 4 the patient NPO, obtain cultures and start
- 5 antibiotics; and
- 6 c. Failed to transfer patient R.G. promptly
- 7 to a neonatal intensive care unit;

8 **E. Patient J.R.**

9 1. On or about November 11, 1990, at 1453 hours,

10 respondent delivered patient J.R. At birth there was a

11 tight nuchal cord and 2+ meconium. The delivery note by

12 respondent showed suction and bagging. Apgars were 6 and 9

13 2. One half hour later, patient J.R. developed

14 tachypnea, grunting and retractions. A chest x-ray was

15 obtained and was consistent with transient tachypnea of the

16 newborn. By 2345 hours, patient J.R. had worsening symptoms

17 and tachypnea not resolving.

18 3. On or about November 21, 1990, respondent made

19 transfer arrangements of patient J.R. to Glendale Adventist

20 Medical Center. Respondent left the hospital before the

21 transport team arrived.

22 4. Respondent deviated from the standard of care in

23 the care of patient J.R. including but not limited to the

24 following;

- 25 a. Failed to perform an evaluation for sepsis
- 26 and administer antibiotics.

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1 **F. Patient C.Y.**

2 1. On or about November 29, 1990, at 1345 hours,
3 respondent delivered patient C.Y. by Cesarean section.
4 Patient C.Y. had Apgars of 8 and 9. At 0400 hours, patient
5 C.Y had a rectal temperature of 100.2. At 0500 hours,
6 patient C.Y. had developed tachypnea.

7 2. Respondent ordered blood cultures, CBC, and spina
8 tap were obtained, but CSF were bloody so analysis could not
9 be obtained. Respondent ordered a chest x-ray although
10 result not on the patient's chart. Respondent treated
11 patient C.Y. with antibiotics for 48 hours.

12 3. Respondent deviated from the standard of care in
13 the care of patient C.Y. including but not limited to the
14 following;

- 15 a. Failed to obtain a urine culture;
16 b. Failed to treat patient with antibiotics for
17 a minimum of 72 hours; and
18 c. Failed to document a chest x-ray result.

19 **G. Patient E.D.**

20 1. On or about December 6, 1991, at 1906 hours,
21 respondent delivered patient E.D. by Cesarean section.
22 Patient E.D. had Apgars of 8 and 9. At 0400 hours, patient
23 E.D. had a rectal temperature of 100.7 accompanied by
24 tachypnea.

25 2. Respondent ordered a blood culture, CBC, and urine
26 culture. Respondent started patient E.D. on antibiotics 14
27 hours later. Antibiotics were continued for 35 hours.

1 3. Respondent deviated from the standard of care in
2 the care of patient E.D. including but not limited to the
3 following;

- 4 a. Delayed starting antibiotics for 14 hours;
5 b. Failed to perform a spinal tap;
6 c. Failed to obtain a proper urine specimen;
7 d. Use of Bactim is contraindicated for infants
8 less than 2 months old;
9 e. Failed to properly treat a urinary
10 infection if present;
11 f. Discharged patient too early;
12 g. Failed to perform complete septic workup; and
13 h. Failed to obtain chest x-ray.

14 **H. Patient M.F.**

15 1. On or about August 8, 1991, at 2331 hours,
16 respondent delivered patient M.F. Patient M.F. had Apgars
17 of 8 and 9. Patient M.F. weighed 4 pounds, 11 ounces.
18 Patient M.F. was discharged at 16 hours of age. Patient
19 M.F. and mother to return in 2 weeks.

20 2. Respondent deviated from the standard of care in
21 the care of patient M.F. including but not limited to the
22 following;

- 23 a. Failure to monitor small for gestational age
24 baby longer than 16 hours; and
25 b. Failure to document follow up care.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 **(INCOMPETENCE)**

3 5. Respondent Ighia Aintablian, M.D., is subject to
4 disciplinary action under section 2234, subdivision (d) of the
5 Code in that respondent was incompetent in his treatment of
6 patients. The circumstances are as follows:

7 A. Complainant hereby incorporates by reference
8 paragraph 4, A through H.

9
10 **THIRD CAUSE FOR DISCIPLINE**

11 **(DISHONESTY)**

12 5. Respondent Ighia Aintablian, M.D., is subject to
13 disciplinary action under section 2262, in conjunction with
14 section 2234, subdivision (e) of the Code section 2234, in that
15 respondent dishonestly altered medical record[s]. The
16 circumstances are as follows:

17 A. Complainant hereby incorporates by reference
18 paragraph 4, A.4.

19
20 **PRAYER**

21
22 **WHEREFORE**, the complainant requests that a hearing be
23 held on the matters herein alleged, and that following the
24 hearing, the Division issue a decision:

25 1. Revoking or suspending Physician and Surgeon
26 Certificate Number A42047, heretofore issued to respondent Ighia
27 Aintablian, M.D.;

1 2. Revoking, suspending or denying approval of the
2 respondent's authority to supervise physician's assistants,
3 pursuant to Business and Professions Code section 3527;

4 3. Ordering respondent to pay the Division the actual
5 and reasonable costs of the investigation and enforcement of this
6 case;

7 4. Taking such other and further action as the
8 Division deems necessary and proper.

9 DATED: October 10, 1996 .

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
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12/1/96
Ron Joseph
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant